

REMARKS

The Office Action mailed May 21, 2003, set a three-month shortened statutory period for response expiring August 21, 2003. The period for response is extended to November 21, 2003, pursuant to the petition for extension of time under 37 C.F.R. 1.136(a) submitted herewith.

Claims 1-11 and 13-23 are in the application. Claims 1, 5, 7, 8, 13, 17, 19, and 20 are cancelled to advance the prosecution of this application. Said claims are cancelled without prejudice to the prosecution thereof in a continuing application.

Claims 2, 4, 9, 14, 16, and 21, which depended from now-cancelled original Claims 1, 8, 13, and 20 are amended to be written in independent form.

Claims 1, 7, 8, 13, 19, and 20 are rejected under 35 U.S.C. § 102(b). The rejection is rendered moot by the cancellation of said claims.

Claims 1-11 and 13-23 are rejected under 35 U.S.C. § 103(a) as being unpatentable over Wurtman et al, U.S. Patent No. 4,999,382, in view of Benedetti et al, *Advances in Drug Research* 23, 65-125 (1992) on the grounds that Wurtman et al teach compositions and methods of utilizing serotonergic and anorectic drugs to decrease weight gain as well as lower consumption of high-carbohydrate foods, and that in addition to, “d-fenfluramine, d,l-fenfluramine and fluoxetine, other drugs which have the effect of enhancing serotonin-mediated neurotransmission can be administered, e.g., moclobemide, brofaromine.” Benedetti et al teach various inhibitors of MAO, *inter alia*, toloxatone, brofaromine, and moclobemide, as well as milacemide, and that inhibitors of MAO are known to be effective in the treatment of eating disorders. Since Wurtman et al teach utilization of serotonergic and anorectic drugs to decrease weight gain as well as lower consumption of high-carbohydrate foods, it would have been obvious to one having ordinary skill in the art to utilize other compounds that simply possess the pharmacologically property of serotonergic and anorectic drugs, such as

toloxatone, brofaromine, and moclobemide, and milacemide, etc. Consequently, one having ordinary skill in the art would have been motivated to utilize any compounds that possess the pharmacological properties of serotonergic drugs or anorectic drugs for the treatment of obesity and decreasing the body weight of an individual.

The rejection is respectfully traversed and reconsideration thereof is requested. Wurtman et al is directed to the suppression of the weight gain usually associated with cessation of tobacco use. According to the reference, the cessation of tobacco use results in a reduction in the quantity of serotonin present in brain synapses and, therefore, any drug which acts to increase serotonin concentration would reduce appetite and mood disturbances associated with nicotine withdrawal as well as the weight gain and recidivism which frequently follow attempts to give up smoking. Presumably, based on a reduction in weight gain reportedly observed in smokers participating in a smoking cessation program who were treated with the anorectic agent fenfluramine, the reference discloses a long list of “serotonergic” compounds, including MAO inhibitors, that would purportedly be useful in reducing weight gain and recidivism. However, nowhere in the reference is there any teaching that any MAO inhibitor, let alone, those of the instant claims, would be useful in treating obesity. At most, Wurtman et al might have made it obvious to try using an MAO inhibitor to determine if it was effective in reducing weight gain and recidivism in smokers, but in no way would it have suggested the use of one of Applicant’s MAO inhibitors to decrease the body weight of an obese patient, especially, for example, one who was not a tobacco user.


In apparent recognition of this deficiency in the primary Wurtman et al reference, Benedetti et al is cited as teaching various MAO inhibitors purportedly effective in the treatment of eating disorders. In fact, the only eating disorders referred to in Benedetti et al are anorexia

and bulimia (p. 90-91), two conditions which are largely irrelevant to obesity. Anorexia is a disorder marked by a fear of becoming obese and an aversion to food. Bulimia involves repeated episodic bouts of rapid ingestion of large quantities of food over a short period of time followed by self-induced vomiting, purging, and anorexia. Patients suffering from anorexia or bulimia are not obese. In fact, they fear obesity. Thus, even assuming *arguendo* that Benedetti taught the use of MAO inhibitors for treating anorexia or bulimia, that would not suggest their use in treating obesity by decreasing the body weight of obese patients. Accordingly, Benedetti et al adds nothing to Wurtman et al and the cited references together would not have suggested the invention here claimed.

There being no remaining issues, this application is believed in condition for favorable reconsideration and early allowance, and such actions are earnestly solicited.

Respectfully submitted,

Dated: 11/24/03


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